FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
Hand the control of t	Reset Form	(Rev. 10/2009)	ORGANIZATION
This is an amended* Statement of Organization	233	For Office Use	<u>Only</u>
* Statement must be filed within 10 days of committee accepting contributions	making expenditures, or	Comm. #	
incurring debts exceeding \$750. Amendments must be filed within 30 days of	a change.	Indexed	
Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office		Audited Computer	
must be filed electronically.	y all constitution for the constitution	Computer	
Effortive May 1, 2010, all statements and reports for State PACs and State Pa	arties must be filed electronically.		
COMMITTEE NAME 1 (A candidate's committee must include the committee of th	andidate's last name in the name o	of the committee.) If a	mending committee name,
put old name in ().			j
SCHELLHAMMER FOR SUPERVISOR			
IMPORTANT, Indicate type of committee you are reporting for:			
Laboratorial Revision Living Conding for Defention Condidate 12 Statewide PAC (3 State PARV (4 SCOUNTY CERVAI CONTINUES			
(1) StateWide/Legislative/Judge Standing for Retention Candidate (2) StateWide/Legislative/Judge Standing for Retention Candidate (3) County Candidate (4) County PAC (9) City PAC (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)			
(10) School Board or Other Political Subdivision PAC (11) Ballot Issue	(including committee involved	in muniple city/cour	Ty bandings
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	candidate's committee)
Name J. J.	Name ↓ ↓		2
LARRY SCHELLHAMMER			
1	Mailing Address ↓ ↓		
Mailing Address + WEST MAIL ST City, State + Zip Code + ST	City, State ↓ ↓ Zip Code ↓	1.	
City, State \downarrow Zip Code \downarrow	City, State + + Zip Code +	*	
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Phone (563 568 1975	Phone ()		\sim
	_ 14-3		
e-Mail INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advo	e-Mail	Advocate for ballot is	sue(s)
	Cate tot/against candidate(s)	Advocate against bal	lot issue(s)
Comment or description: All Candidates Enter;	County/Local Candidates	and Ballot Issue Co	ommittees Enter:
Office Sought: County Supervisor	•		
P. Tarablican	- County: Allam	AKCE	list of counties
Political Party (if applicable) REDUBLICAN (If active in multiple ballot issue elections, attach list of counties			
, onder, on, (worker)			
District:	Date of Election:		
District: Year Standing for Election:	Date of Election:	-2-10	
District: Year Standing for Election: Bank Account Name (must match committee name)	Date of Election:	Parent Entity (PAC	s, if applicable),
District: Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PAC Affiliate, or Sponso	s, if applicable), or
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STATEMENT